

## To: CDL POSITION CANDIDATES



Thank you for considering employment with Coconino County. Since you are applying for a position requiring a Commercial Driver's License (CDL), the application process you will undergo is somewhat more comprehensive than for our other County positions due to federal regulations.

Please complete the employment history on the attached application specifically and completely. Federal Motor Carrier Safety Regulations require that all applicants for positions involving the operations of a commercial motor vehicle provide employment history information for **ten years preceding the date of the application**. This information must include:

- The names and addresses of your previous employers for which you were an operator of a commercial motor vehicle;
- The dates you were employed by these employers;
- The reason you left each of these employers.

The information, which you provide, may be used for the purpose of investigating your work history. The prior employers, which you have listed, may be contacted for this purpose also. You must certify that the information you provide is true and complete.

If you are a finalist in this recruitment process you will also be asked, in accordance with federal law, to provide written consent to allow the County to obtain a consumer report of your driving record.

Thank you very much for your interest in a Coconino County job. If there is anything we can do to make the application process easier for you, please don't hesitate to ask us for assistance.

The Coconino County Human Resources Department

# COCONINO COUNTY EMPLOYMENT APPLICATION

## COCONINO COUNTY HUMAN RESOURCES DEPARTMENT

219 E. Cherry Avenue  
Flagstaff, Arizona 86001  
Phone: (928)779-6702 -- TTY: (928)226-6073  
<http://co.coconino.az.us>

Completing and submitting this application form to the Coconino County Human Resources Department is the first step in a successful hire. This application may be the very first impression we have of you, your skills and abilities. Print or type legibly! Applications must be received by 5:00 p.m. on the closing date of the position to be considered. It is necessary to complete one application form for each position for which you want to be considered. Copies of the application will be accepted; however, each application must have an original signature and specify the applicable job. Additional pages of employment history, which include the same information specified in the Employment History Section, may be submitted. You may attach a resume to enhance your qualifications contained herein. To be notified regarding the status of your application, please complete the Job Status Notification Card on the Affirmative Action Form.

Do you need an accommodation in the application process due to a disability? Yes No  
If yes, please describe the desired accommodation.

POSITION APPLYING FOR:

POSITION IS: FULL-TIME PART-TIME TEMPORARY

DEPARTMENT:

### PERSONAL INFORMATION

FULL NAME:

MAILING ADDRESS:

City

State

Zip Code

HOME PHONE:

BUSINESS PHONE:

MESSAGE PHONE:

Have you previously worked for Coconino County? Yes No

If yes, give name if different from above

Dates of Employment

Have you been convicted of a felony? (Do not list minor traffic violations) Yes No If yes, give details of date and type of felony

(A yes answer will not necessarily preclude employment by the County)

If the position you are applying for requires a driver's license, do you have a valid Arizona Driver's license? Yes No

If yes, what is the license #

Class

Expiration date

Can you, with or without reasonable accommodation, perform the essential functions of the job for which you have applied: Yes No

## HISTORY OF EDUCATION

Check highest grade completed: 1      2      3      4      5      6      7      8      9      10      11      12  
 Did you receive a High School Diploma/GED?      Yes      No  
 Name and location (City/State) of last high school attended

You may be asked to provide transcripts of all college level course work.

NAME OF SCHOOL AND LOCATION	MAJOR SUBJECT OR COURSE	NO. OF CREDIT HOURS IN MAJOR	MINOR SUBJECT OR COURSE	NO. OF CREDIT HOURS IN MINOR	TITLE OF DEGREE OR CERTIFICATE EARNED
College or University					
College or University					
College or University					
Business, Vocational or Technical School					

## OFFICE SKILLS INFORMATION

Specify office equipment you can operate and years of experience:

Typing (WPM)

Word Processing (WPM)

Dictation (what method used)  
WPM

Specify Computer Equipment you can operate and years of experience.

Specify Computer Software you can use and years of experience.

Specify other equipment or tools you can operate and years of experience.

## OTHER IMPORTANT INFORMATION

Languages: (Fluency)    SPEAK      READ      WRITE  
     English  
     Spanish  
     Navajo  
     Hopi  
     Other (list)

List any other training, licenses, certifications, or experience either volunteer or paid which you feel relates to the position for which you are applying. Include dates, # hours per week, company/organization name, job title, duties, etc.

\_\_\_\_\_

## EMPLOYMENT HISTORY

Indicate your experience in each position beginning with your present, or most recent position. If more than one position has been held with the same employer, list each separately. Even if you submit a resume you must still complete this section IN FULL. FAILURE TO PROVIDE COMPLETE AND ACCURATE INFORMATION WILL RESULT IN YOUR APPLICATION BEING DISQUALIFIED. (please add additional sheets if necessary) The amount of experience and the way you describe it, as it pertains to the position you are seeking, will determine whether or not you receive further consideration. It is important to remember that your qualifications will be evaluated on this completed application.

NAME OF EMPLOYER:

ADDRESS:

JOB TITLE:

DESCRIPTION OF DUTIES:

FROM:

TO:

TOTAL MONTHS:

HRS. PER WEEK:

STARTING  
SALARY:

ENDING  
SALARY:

NAME & TITLE OF SUPERVISOR:

REASON FOR LEAVING:

MAY WE CONTACT THIS EMPLOYER?

YES

NO IF YES, PLEASE PROVIDE PHONE #

NAME OF EMPLOYER:

ADDRESS:

PHONE #

JOB TITLE:

DESCRIPTION OF DUTIES:

FROM:

TO:

TOTAL MONTHS:

HRS. PER WEEK:

STARTING  
SALARY:

ENDING  
SALARY:

NAME & TITLE OF SUPERVISOR:

REASON FOR LEAVING:

NAME OF EMPLOYER:

ADDRESS:

PHONE #

JOB TITLE:

DESCRIPTION OF DUTIES:

FROM:

TO:

TOTAL MONTHS:

HRS. PER WEEK:

STARTING  
SALARY:

ENDING  
SALARY:

NAME & TITLE OF SUPERVISOR:

REASON FOR LEAVING:

**EMPLOYMENT HISTORY CONTINUED -**NAME OF EMPLOYER:  
ADDRESS:

PHONE #

JOB TITLE:

DESCRIPTION OF DUTIES:

FROM:

TO:

TOTAL MONTHS:

HRS. PER WEEK:

STARTING  
SALARY:ENDING  
SALARY:

NAME &amp; TITLE OF SUPERVISOR:

REASON FOR LEAVING:

NAME OF EMPLOYER:  
ADDRESS:

PHONE #

JOB TITLE:

DESCRIPTION OF DUTIES:

FROM:

TO:

TOTAL MONTHS:

HRS. PER WEEK:

STARTING  
SALARY:ENDING  
SALARY:

NAME &amp; TITLE OF SUPERVISOR:

REASON FOR LEAVING:

**CONDITIONS OF EMPLOYMENT**

Please read carefully before signing

Pursuant to A.R.S. 39-121, your application and resumJ may be considered public records and, as such, may be made available to any person, including the news media. In submitting this application, I understand that false statements will disqualify me for employment or cause my subsequent dismissal, and that if I am employed, I will be bonded as an employee of Coconino County. I also understand that, if accepted for employment, I shall be required to sign a loyalty oath in addition to providing proof of identity and eligibility to work in the United States in compliance with the Immigration Reform & Control Act of 1986, as a condition of receiving any compensation from the County. In connection with this application, I authorize all corporations, companies, consumer reporting agencies, credit agencies, educational institutions, persons, law enforcement agencies, military services, motor vehicle departments, and former employers to release any information that they may have about me to Coconino County or its agents, and I release them from any liability for doing so. If I accept employment as a non-exempt employee, I agree to work overtime when requested to do so and I understand and agree that overtime may be compensated either by monies or compensatory time off. I further understand that my employment is probationary for a period of one year, and that successful completion of probation does not guarantee permanent employment. I understand and agree that my signature on this document does not constitute a contract of employment. I certify that I am not related to a member of the Board of Supervisors.

Signature of Applicant

Date

COUNTY USE ONLY: Civil Service Preference \_\_\_\_\_



# COCONINO COUNTY

## AFFIRMATIVE ACTION INFORMATION

In order to study our recruitment methods for fairness and effectiveness and to comply with Federal guidelines, we respectfully request that you respond to the following questions. The information will be kept confidential and will be used only for those purposes. Completion of the form is voluntary. Refusal to provide this information will not subject you to any adverse treatment.

Position applied for:

Name:

Department:

Age: Under 18  
19-40  
41+ older

Sex: Female  
Male

Race/Ethnic Group (Check the appropriate answer)

White  
Black

Hispanic  
Native American Indian

Asian  
Other (Please specify )

Where did you first learn about the job? (Check all that apply)

County Job Announcement

Department of Economic Security (DES)

County Employee

Newspaper (Please specify )

A Manpower Program

Job Fair (Please Specify )

County Website

Other (Please Specify )

NationJob.com

Other Internet Site (Please Specify )

Coconino County has an affirmative Action Program providing civil service preference for the individuals listed below. Please read the definitions and check any that apply to you.

**Veteran:** An individual who is honorably discharged from the U.S. Armed Forces after at least 6 months of active duty.

**Veteran of the Vietnam Era:** An individual who served on duty for at least 18 days during the Vietnam conflict and did not receive a dishonorable discharge.

**Disabled Individual:** A person with a physical or mental impairment, which substantially limits one or more major life activities, or an individual with a record of such impairment.

**Special Disabled Veteran:** A veteran with a 10% or higher disability rating whom the Department of Veteran Affairs has determined to have a serious employment handicap.

**Spouse or surviving spouse of:**

1) A veteran who died of a service-connected disability.

2) A member of the Armed Forces listed for at least 90 days as missing-in-action; captured by a hostile force, or forcibly detained by a foreign power;

3) A veteran with a total, permanent service-connected disability or who died while such a disability was in existence.

I understand that in order to be given preference, I must provide the Human Resources Department with a copy of documentation in support of the above claim before the closing date of the job. (This form itself is NOT considered documentation.

I submitted documentation of the above claim on \_\_\_\_\_ to the Human Resources Department.

Signature: \_\_\_\_\_

Coconino County  
Human Resources Department  
219 E. Cherry  
Flagstaff, Arizona 86001-4695

Name:

Address:

### **Job Status Notification**

Re: Position Applied for:

Department:

Thank you for your interest in employment opportunities at Coconino County. We have received your application.

- \_ We only accept applications and resumes for positions that are currently open.
- \_ You were not selected for an interview for the position.
- \_ The position you applied for has been cancelled.
- \_ The position you applied for has been filled/closed.
- \_ We forwarded your application to the department for their consideration.

We encourage you to remain informed about current job opportunities by reviewing the job postings in the County Administrative Center, 219 E. Cherry., calling our job line at (520)779-6700, visiting our website at <http://co.coconino.az.us> . Our positions are also advertised in the Sunday edition of the Arizona Daily Sun. Thank you, again for your interest in employment at Coconino County.

To: Previous Employer  
Company  
Street  
City

State Zip

From: Prospective Employer  
Kathy Jenkins, Risk Manager  
Coconino County  
219 E. Cherry Ave., Flagstaff, AZ 86001  
(928)779-6742 FAX (928)779-6687

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**AUTHORIZATION AND RELEASE**

I hereby authorize you to release all information concerning my employment, including, but not limited to, assessments of my job performance, ability, conduct, fitness, and controlled substance and/or alcohol test results or refusals to Coconino County or their authorized agents. I hereby release you from any and all liability of any type of providing this information.

Applicant's Name (Please Print) \_\_\_\_\_  
Social Security # \_\_\_\_\_  
Applicant's Signature \_\_\_\_\_

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Human Resources Manager:

The following person has applied with Coconino County for employment. Your firm is listed by the applicant as a previous employer. In accordance with Federal Motor Carrier Regulations, please reply to this inquiry. Above, the applicant has waived any claim of liability against your company for information submitted in response to this inquiry. For your convenience, a stamped, self-addressed envelope is enclosed for your reply.

Name of Applicant \_\_\_\_\_  
Position \_\_\_\_\_  
Employed from \_\_\_\_\_ to \_\_\_\_\_

1. Is this information correct? ☐ YES ☐ NO If no, please explain \_\_\_\_\_
2. What was the applicant's job title? \_\_\_\_\_
3. If employment as a driver, what type of equipment \_\_\_\_\_
4. Did the applicant pose either repeated and/or disciplinary problems?  
☐ YES ☐ NO If yes, explain \_\_\_\_\_
5. Why did this employee leave your company? Resigned Discharged (explain) \_\_\_\_\_  
Laid Off Other (explain) \_\_\_\_\_
6. Is this person eligible for rehire? ☐ YES ☐ NO (explain) \_\_\_\_\_
7. Is there anything else about this individual you think we should know? \_\_\_\_\_

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You are required by the U.S. Department of Transportation 382.405 (f) to release the following information for the previous 2 years per the driver's request above:

8. Was the applicant subject to drug and/or alcohol testing? ☐ YES ☐ NO  
If yes, a. did he/she have a breath alcohol concentration result of 0.04 or greater? ☐ YES ☐ NO (explain below) \_\_\_\_\_  
b. did he/she have a positive controlled substance test result? ☐ YES ☐ NO (explain below) \_\_\_\_\_  
c. did he/she refuse to be tested? ☐ YES ☐ NO (explain below) \_\_\_\_\_

If yes to item 8a or 8b above, has the applicant been referred to a substance abuse professional ? ☐ YES ☐ NO

Date \_\_\_\_\_ Name and address of SAP? \_\_\_\_\_





## HUMAN RESOURCES APPLICANT SURVEY

**The Coconino County Human Resources Department is committed to continuously improving our application process, and to ensuring that County employment opportunities are accessible to all interested citizens. As part of this effort, we have prepared the following survey. Please take a few moments to answer the questions, and return the survey to the Human Resources Department along with your application. We review each survey and appreciate your response.**

What was your main source of information about this job vacancy with Coconino County?

\*Please check one of the following options:

<input type="checkbox"/> County Job Announcement	<input type="checkbox"/> Job Fair
<input type="checkbox"/> Job Hot Line	<input type="checkbox"/> County Employee
<input type="checkbox"/> County Website	<input type="checkbox"/> Dept. of Economic Security(DES)
<input type="checkbox"/> AZ Daily Sun General Information Ad	<input type="checkbox"/> A Manpower Program
<input type="checkbox"/> Arizona Daily Sun Job Specific Ad	<input type="checkbox"/> Other Website (specify below)
<input type="checkbox"/> Arizona Republic	<input type="checkbox"/> _____
<input type="checkbox"/> Tucson Daily Star	<input type="checkbox"/> Other Source (specify below)
<input type="checkbox"/> Other Newspaper (specify below)	<input type="checkbox"/> _____
<input type="checkbox"/> _____	

Circle your choices to rate the following (Please leave blank if none applies).

**Rating: 5=Excellent 4=Above Average 3=Average/Satisfactory  
2=Needs Improvement 1=Unsatisfactory**

- |   |                  |
|---|------------------|
| 1.) If you saw the ad in the newspaper did the ad give sufficient information?            | <b>5 4 3 2 1</b> |
| 2.) Was the location of the applications and job announcements convenient?                | <b>5 4 3 2 1</b> |
| 3.) Did the job announcement give sufficient information to describe the position?        | <b>5 4 3 2 1</b> |
| 4.) Was the format of the job announcement easy to understand?                            | <b>5 4 3 2 1</b> |
| 5.) Was the employment application easy to complete?                                      | <b>5 4 3 2 1</b> |
| 6.) If you used the internet was the website easy to follow?                              | <b>5 4 3 2 1</b> |
| 7.) If you had any interaction with the first floor receptionist, how were you treated?   | <b>5 4 3 2 1</b> |
| 8.) If you had any interaction with the Human Resources Department, how were you treated? | <b>5 4 3 2 1</b> |

In your opinion, how could we improve our hiring process? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Thank you for your response.**

Position applied for: \_\_\_\_\_/Department \_\_\_\_\_

Date: \_\_\_\_\_